



**SHERMAN CENTRAL SCHOOL
STUDENT REGISTRATION FORM**
(Please complete all information)

<i>Office Use Only</i>	
Student # _____	Family # _____
Homeroom _____	Grade _____
Enrollment Date _____	
Birth & Immunization Records _____	
Dental Records _____	

STUDENT'S LEGAL LAST NAME _____ **Jr.,II,etc.** **FIRST NAME** _____ **MIDDLE NAME** _____ **Grade Level** _____
GENDER: male ___ female ___

Birth Date _____ Birth City _____ State _____ Country _____ STUDENT'S SS# _____ - _____ - _____

Street/RD Address _____ City _____ PO Box Address _____

Home Telephone _____ Unlisted? Yes ___ No ___ [Message phone _____ Name _____]

Name of last school attended: _____ Date left _____ Phone (____) _____

Address of last school: Street _____ City _____ State _____ Zip _____

Has student ever attended Sherman Central School before? Yes ___ No ___ If yes what year? _____

Date of 1st Polio Shot _____ **Student's Cell Phone #** _____

Ethnic Origin Am.Indian ___ Asian ___ Afr-Am. ___ Caucasian ___ Hispanic ___

Language spoken in home: Eng. ___ Spanish ___ Other _____

(Elementary Students Only) - NAME OF PRESCHOOL ATTENDED _____

FAMILY INFORMATION

PRIMARY FAMILY
Guardian living with student (If other than natural parent, PROOF OF GUARDIANSHIP must be provided)

<p>_____ <i>Last Name</i> <i>First Name</i> <i>MI</i></p> <p>Employer _____ Shift _____ Work Phone (____) _____ Ext. _____</p> <p>Cell Phone _____ Pager _____ E-Mail _____</p>	<p>Relationship to child: ___ natural parent ___ step ___ foster ___ other (list) _____</p>
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SPOUSE / OTHER (living with student)

<p>_____ <i>Last Name</i> <i>First Name</i> <i>MI</i></p> <p>Employer _____ Shift _____ Work Phone (____) _____ Ext. _____</p> <p>Cell Phone _____ Pager _____ E-Mail _____</p> <p>Maiden Name of child's natural mother _____</p>	<p>Relationship to child: ___ natural parent ___ step ___ foster ___ other (list) _____</p>
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SECONDARY FAMILY - COMPLETE ONLY IF PARENTS ARE DIVORCED / SEPARATED AND THERE IS JOINT CUSTODY

<p>_____ <i>Last Name</i> <i>First Name</i> <i>MI</i></p> <p>Address _____ Home Phone _____</p> <p>Employer _____ Shift _____ Work Phone (____) _____ Ext. _____</p> <p>Cell Phone _____ Pager _____ E-Mail _____</p>	<p>Relationship to child: ___ natural parent ___ step ___ foster ___ other (list) _____</p>
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SPOUSE / OTHER

<p>_____ <i>Last Name</i> <i>First Name</i> <i>MI</i></p> <p>Employer _____ Shift _____ Work Phone (____) _____ Ext. _____</p> <p>Cell Phone _____ Pager _____ E-Mail _____</p>	<p>Relationship to child: ___ natural parent ___ step ___ foster ___ other (list) _____</p>
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PLEASE COMPLETE SIDE 2

EMERGENCY INFORMATION - The following person(s) are to be contacted in this order if parent cannot be reached:

Name	Relationship	Home Phone	Cell/Work #	Address
1 st				
2 nd				
3 rd				

Besides parents and the persons listed above, my child MAY BE PICKED UP AT SCHOOL BY:

Name	Relationship	Home Phone	Cell/Work #	Address

SIBLINGS: List all other children living in your household for census purposes.

Last Name	First Name	Birthdate	Gender M / F	School Attending

STUDENT SHOULD NOT BE RELEASED TO:

(NOTE: IF THIS PERSON IS THE BIOLOGICAL PARENT, THE SCHOOL MUST HAVE LEGAL DOCUMENTATION ON FILE IN ORDER TO DENY THE BIOLOGICAL PARENT ACCESS)

NAME _____
RELATIONSHIP TO CHILD _____

What type of **MEDICAL COVERAGE** does the student have?

Blue Cross/Shield Univera Independent Health
 Community Blue Fidelis Child Health + Family Health +
 Medicaid No Health Insurance Unknown

Does the student have a regular doctor or clinic?

NO YES – Health Care Provider _____

DID YOUR CHILD RECEIVE ANY OF THE FOLLOWING SERVICES AT THE FORMER SCHOOL?

Speech Writing Remedial Math Remedial Reading Occupational Therapy Resource Room/Inclusion (I.E.P.)
 Gifted/Talented Special Ed. (I.E.P.) Counseling Physical Therapy Free Lunch Reduced Lunch
 Medication / Treatment at school (please indicate in the section below)

ARE THERE OTHER INSTRUCTIONS OR RESTRICTIONS THE SCHOOL SHOULD KNOW ABOUT? (I.E. allergies, chronic medical conditions, medications / treatment, behavioral issues, etc.)

IN THE EVENT OF AN **EMERGENCY EVACUATION** OF THE SCHOOL, MY CHILD IS TO PROCEED AS FOLLOWS:

	Walk or Bus (Bus #?)	Name	Relationship to Child	Contact Number(s)	Address
1 st Choice					
2 nd Choice					

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If any of the information you have provided changes during the school year, please be sure to notify the school office immediately.